

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Green Party							
Full Name of Contributor Suzanne M. Patzer					Registration Number, if PAC NA		
Street Address 1021 E. Broad St.		Employer/Occupation/Labor Organization* Administrator, Columbus ^{state} comm college			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43205	M 03	D 30	Y 15	Amount \$100.00	
Full Name of Contributor Tekla Taylor-Lagway					Registration Number, if PAC NA		
Street Address 6100 Kingshill Dr.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43229	M 03	D 29	Y 15	Amount \$100.00	
Full Name of Contributor Connie Hammond					Registration Number, if PAC NA		
Street Address		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43214	M	D	Y	Amount \$100.00	
Full Name of Contributor Vel Murugan					Registration Number, if PAC NA		
Street Address 3003 Grandwoods Cir.		Employer/Occupation/Labor Organization* Security guard			Form (Cash, Check, etc.) Cash		
City Dublin	State OH	Zip Code 43017	M 06	D 09	Y 15	Amount \$60.00	
Full Name of Contributor Matt Harris					Registration Number, if PAC NA		
Street Address 3442 Stonevista Ln.		Employer/Occupation/Labor Organization* unemployed			Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43221	M 06	D 09	Y 15	Amount \$60.00	
Full Name of Contributor Robert J. Fitrakis					Registration Number, if PAC NA		
Street Address 1021 E. Broad St.		Employer/Occupation/Labor Organization* Professor, Columbus ^{state} comm college			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43205	M 05	D 27	Y 15	Amount \$100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]